

D H E C



PROMOTE PROTECT PROSPER

South Carolina Department of Health
and Environmental Control

REQUEST FOR REVIEW

SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (DHEC)
UNDERGROUND STORAGE TANK PROGRAM
STATE UNDERGROUND PETROLEUM ENVIRONMENTAL
RESPONSE BANK (SUPERB) ACCOUNT

REQUEST FOR REVIEW

PERMIT ID # _____ COUNTY _____

FACILITY NAME _____

STREET ADDRESS _____

Invoice Payment Method: (Check one)

_____ 1. Compensation to Contractor _____ 2. Compensation to Responsible Party

INVOICE # RR- _____ (Please use the original Invoice Number)

Cost Proposal # _____

**All Request for Review forms AND All necessary documentation must
be received within 35 days of the date of the DHEC correspondence
that denies the invoice. (This allows five (5) days for mailing.)**

**Please use this form when requesting reconsideration of payment from the SUPERB
Account for item(s) where compensation was not received. The requestor should
provide the following to facilitate the DHEC review:**

- 1. A copy of DHEC denial letter**
(circle the items being submitted for reconsideration).
- 2. A copy of the original summary pages.**
- 3. Written justification for payment of denied item(s).**
- 4. All documentation requested in DHEC denial letter.**

NOTE: Prepare a separate REQUEST FOR REVIEW form for each invoice #.

Signature of Payee (Please use non-black ink)

Print Name of Payee

Name of Company

Federal Tax ID or Social Security Number

Request for Review

Invoice Total: \$ _____

Page 1 of _____ Pages

DHEC USE ONLY

Amount Payable \$ _____

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